## KOLAR Document ID: 1522854

**Notice:** Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

# KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

#### WELL PLUGGING RECORD K.A.R. 82-3-117

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

OPERATOR: License #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ( )	NE NW SE SW
Type of Well: (Check one)  Oil Well  Gas Well  OG  D&A  Cathodic    Water Supply Well  Other:  SWD Permit #:  SWD Permit #:	County: Well #: Lease Name: Well #: Date Well Completed:
Is ACO-1 filed? Yes No If not, is well log attached? Yes No	The plugging proposal was approved on: (Date)
Producing Formation(s): List All (If needed attach another sheet)	by: (KCC <b>District</b> Agent's Name)
Depth to Top: Bottom: T.D	Plugging Commenced:
Depth to Top: Bottom: T.D	Plugging Completed:
Depth to Top: Bottom: T.D	

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water	Records	Casing Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size	Setting Depth	Pulled Out		

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #:	Name:							
Address 1:	_ Address 2:							
City:	State: Zip: +							
Phone: ( )								
Name of Party Responsible for Plugging Fees:								
State of County,	, SS.							
(Print Name)	Employee of Operator or Operator on above-described	l well,						

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

### Submitted Electronically

		T T			FIELD ORDER	Nº C_		5020
<u>دنا الالا</u> cid &			OX 438 - HAYSV		<b>'06</b> 0			
	Ceme			316-524-1225		DATE	9-Apr 20	:
AUTHORIZEI	) BY: Dan	rah Oil						
				AME OF CUSTOME				
dress			Cit	у		State		
FOLLOWS		hura Hickey Unit	We	ell No. <u>20 1</u>	Custo	omer Order No.	<del></del>	
c. Twp. inge			Co	unty <u>Morris</u>		State	KS	
ied, and no represen iment is payable. Thi involcing department	tations have been ine will be no disco in accordance with ed represents hi BE SIGNED	ratied on, as to what may be a unt allowed subsequent to su a tatest published price sched	ed to sign this order for well ow	or treeting sold well. The con d after 60 days. Total charges ner or operator.	sideration of said	l service or mection by	· .	
CODE	QUANTITY		Well Owner or Openito DESCRIPTI			UNIT	Agent AMOU	NT
					<u></u>	COST		
20.0002	50	Mileage P.T.				\$4.00		5200.
20.0003	1		nð 			\$650.00		650.
20.1002	140 3	60/40 Poz 2% Ge Add. Gel after 2%		<u> </u>		\$11.25 \$22.00	T	<u>,575.</u> \$66.
20.0011	140	Duth Oberra						
20.0011	<u>140</u> 315.5			- <u></u>		\$1.25	1	6175.I
20.0012	315.5		iconce Ecc. on			\$1.10	+	347.0
		Process L	icense Fee on		lons AL BILLING	<u></u>		042 (
I certify that the time of the time of the termination of termina	r the direction	terial has been acc n, supervision and o Nathan W.	epted and used; that the control of the owner,ope	a above condee was	no do mo o d	In a sead and	and and a set of a se	<u>.013.(</u> 61.(
-	-			 Phil M.				
Station GB					Mail Ou	vner, Operator or Ap	ant	
Station <u>GB</u> Remarks	·····				VVCII UV	viter, Operator of Ap	<b>B</b> ut	



### TREATMENT REPORT

1010	ou come								Acid Stage No	»	
Date Compan	4/9/2020 y Darrah Oil	District <u>GB</u>	F.C	D. No. 50207	Type Treatment: Bkdown	í	3bl./Gal.	Type Fluid	Sand Size		punds of Sand
Weil Nan	ne & No. Bachu	ira Hickey Uni	t 20-1			i	3bl./Gal.				
Location			Field				361./Gal.				
County	Morris		State KS				_	the second s			
(********						C	ibi./Gai				
Casing:	Size 5.5	" Tune & W	•	Set at	Treated from		f	t. to	ft_	No. ft.	0
Formatio	n:	- The case	Boof		fl. from		f	t. to	ft.	No. ft.	0
Formatio			Perf		from		·····	i. to	<u> </u>	No. ft.	0
			Perf		Actual Volume of	í Oil / Water to	Load Hol	e:			Bbl./Gal.
Formatio			Perf	to							
Liner: S	and the second s		Top at ft	Bottom ati	t. Pump Trucks.	No. Used: S	td.	318 Sp.		Twin	
ا د م مه	Cemented: Yes	Perforated	from		t. Auxiliary Equipme				327		
Tubing:	Size & Wt.		Swung at	f	t. Personnel Nath	an-Tim					· · · · · · · · · · · · · · · · · · ·
	Perforated	from	ft. to	f	t. Auxiliary Tools						-
					Plugging or Sealing	g Materials:	Type				
Open Hole	Size	T.D.	ft. I	P.B. tof	L .	•			C		
									Gals.		(b.
Company	Representative		Phil N	٨.	Treater						
TIME	PRES	SURES	T	1	Treater			Natha	n W.		
a.m./p.m.	Tubing	Casing	Total Fluid Pumped				REMARK	s			
8:15		5.5"		On Location.							
				Break circulatio	n with wate	<u>r.</u>					
8:40				Mix 140sks 60/4	40poz 4% ge	el at 260	Circu	lated cem	ent to sur	face	
										1000.	
				Thank You!							
			1								
				Nother W							
				Nathan W.	**************************************						
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